



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



Eligibility Operations Memo 06-12
November 1, 2006

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Director, MassHealth Operations

RE: **Health Care Reform Implementation: Changes in the Family Assistance Premium Assistance for Adults: Insurance Partnership Program**

Introduction

Effective October 1, 2006, there are changes in the Insurance Partnership (IP) Program in the Family Assistance Premium Assistance for Adults benefit. The changes include an increase in the income standard, adjusted employee monthly costs that reflect the new income standard, and an added crowd-out provision for those who had access to employer-sponsored health insurance in the last six months before the application.

Insurance Partnership Changes

Income Standard

The income standard for IP has been increased to include income at or below 300% of the FPL.

Employee Monthly Costs

The following reflects the adjusted employee monthly costs and includes the increased income standard.

For families without children:

Income	Covered Adult	Couple
At or below 100% of the FPL	No Premium	No Premium
Greater than 100% of the FPL and at or below 200% of the FPL	\$27	\$54
Greater than 200% of the FPL and at or below 250% of the FPL	\$53	\$106
Greater than 250% of the FPL and at or below 300% of the FPL	\$80	\$160

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**Insurance
Partnership
Changes
(cont.)**

If the member premium share exceeds the cost-effective amount, the member is responsible for the additional amount beyond the stated premium contribution.

For families with children:

Income	Per Child	Maximum
At or below 200% of the FPL	\$12	\$36
Greater than 200% of the FPL and at or below 250% of the FPL	\$20	\$60
Greater than 250% of the FPL and at or below 300% of the FPL	\$26	\$84

Crowd-Out Provision

The crowd-out provision will be in effect if an individual or the individual's spouse worked for an employer who provided health-insurance coverage within the last six months for which the individual was eligible. Applicants will not be eligible for IP if they did not take this available health insurance.

**Applying for or
Questions about
the Insurance
Partnership
Program**

Applicants or members should be referred to a billing and enrollment intermediary (BEI) or Employee Benefit Resources (EBR) contractors if they:

- want to apply for the IP Program;
 - have a question about how to obtain an IP Supplemental Affidavit; or
 - have a question about IP eligibility.
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**MA21 Changes to
the Insurance
Partnership Screens**

Effective October 1, 2006, the Employer/Other Health Insurance screens (EHI) on the MA21 data entry, query, and snapshot screens have been updated. There are now two questions on the screens. Question 1 is new and Question 2 has been updated.

MA21 Data Entry (EHI)

Question 1 is used for an IP eligibility determination to see if the applicant meets the IP crowd-out rules. The information for this

(continued on next page)

**MA21 Changes to
the Insurance
Partnership Screens**
(cont.)

data entry is provided on the IP Affidavit form that is received with the MBR from the BEI or EBR. Data entry is necessary if the IP affidavit is annotated with N (No) in the section marked "For Office Use Only." The CPU is responsible for entering the information recorded on the bottom of the form.

The screenshot shows a terminal window titled "Mainframe - EXTRA X-term" with a menu bar (File, Edit, View, Tools, Session, Options, Help). The main display area contains a form titled "Enter changes" with the following fields and values:

- PERPD: +-----Employer/Other Health Insurance-----+ 11
- Sep 2 | MBRPD040 | MBRMD042 | >
- Name: | Name: SMITH, ADAM | SSN: 024-64-2472 |
- SSN: | 1. Meets crowd out rule for Insurance Partnership Program? | s
- | Y Y/N | --
- *Even | 2. Have you or any family member worked for an employer who | o
- X | offered Health Insurance in the last 6 months that would cover | ca
- -- | you for doctor's visits and hospitalizations? y Y/N | --
- SHI | 00
- SHI | If YES, name each member and employer: |
- | A. Member Name....: Adam Smith |
- | Employer Name...: The Workplace |
- | Addr - Street.: 123 East Street |
- | City...: Somerville |
- | State...: MA Zip: 02144 |
- | Country: | Ph: 617 555 5555 |
- | *Last Update: EHS44 04/07/05 15:39 |
- +-----+ 00
- Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
- help retrn quit confa skip left right main

The status bar at the bottom shows "00.1" and "07/62".

Data entry choices are as follows:

- N — Does not meet crowd-out provisions. The applicant's or spouse's current employer offered health insurance within the last six months and the individual does not qualify for the Insurance Partnership Program.
- Y — Meets the crowd-out provision. The applicant's or spouse's current employer did not offer health insurance within the last six months and the individual qualifies for the Insurance Partnership Program.
- Blank — No entry was made on EHI screen for Question 1.

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**MA21 Changes to
the Insurance
Partnership Screens
(cont.)**

Question 2 was revised to be consistent with the October 1, 2006, updates made in the MBR Supplement A: Other Possible Health Insurance section. The data-entry response for this question comes from the answer the applicant provides on Supplement A.

The screenshot displays a terminal window titled "Mandrill - EXTRA 2 frame". The screen shows a data entry form for an insurance partnership screen. The form is divided into two columns by a vertical line. The left column contains the following text: "HHHND120", "< 1 more", "Member Name.: ADAM SMITH", "Ins Avail Dt:", "Employer....: THE WORKPLACE", "Address....: 123 EAST STREET", "SOMERVILLE", "MA 02144", "Phone.....: (617)555-5555", "Unable to enroll in this plan because cannot afford premium:", "Any household member left employment in the last 60 days...", "Person received health insurance from the employer.....", "Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF1", "help retrn quit". The right column contains the following text: "HHHMD122", "** Most recent MMBR info for HM: SMITH, ADAM **", "** Employer Health Insurance **", "Meets crowd out rule for Insurance Partnership Program? Y", "Have you or any family member worked for an employer who offered health insurance in the last 6 months that would cover you for doctor's visits and hospitalizations? Y", "Member Name.:", "Ins Avail Dt:", "Employer....:", "Address....:", "Phone.....:", "left right mai". The bottom of the screen shows a status bar with "100.1" and "02/01".

**MA21
Snapshot
Screen**

Effective October 1, 2006, the MA21 Eligibility Results for an Individual screen (Snapshot screen) was updated to include information on the IP crowd-out rule. The field that was added, "IP Crowd Out," is in the lower right section of the sample screen below.

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**MA21
Snapshot
Screen
(cont.)**

Snapshot Screen 2

Snapshot screen 2 shows information about employer insurance availability and the IP crowd-out provision.

The IP Crowd Out field, in the lower right on the screen, is used for IP eligibility determinations. The indicators are Y (Yes), N (No), and blank.

A Y means that the applicant's or spouse's current employer did not offer health insurance within the last six months and the individual qualifies for IP. An N means that the applicant's or spouse's current employer did offer health insurance within the last six months and the individual does not qualify for IP. A blank indicates that no entry was made on the EHI screen for Question 1.

The screenshot displays a terminal window titled "Mainframe - EXBAX.treame". The screen shows a "Scrolling performed." message and a timestamp of "7:41 AM". Below this, there is a header "**** Eligibility Result for an Individual ****". The screen is divided into three main sections: "Existing", "Preliminary", and "New". Each section contains a table of data. The "Existing" section has columns for "Ben", "Cat", "AR", and "End Dt". The "Preliminary" section has columns for "Ben", "Cat", "AR", "Exit", and "UC". The "New" section has columns for "Ben", "Cat", "AR", "Start Dt", and "DETR032". Below these tables, there is a section for "Q1...." with various fields like "TPL.", "Appl.", "FG.", "Size.", "SUES Resp.", "Part-A Conf:", "Incm: 1841.00", "Skip Elig Test:", "Job Related:", "Referrals.", "LOC Status:", "Empl Linked:", "Appr Tier.", "CHSP:", "DxR:", "SSI Status:", "Pole Linked:", "Work QE...", "H/Start:", "REF Status:", "Hidr QE...", "Ben Level...", "Is QE Hldr:", "Expired...", "HIN Dropped:", "SE/LE...", "No Cost...", "AT:", "HT:", "Disq:", "DxR Investg:", "DNA Result:", "PT:", "TL:", "Date:", "DxR Confirm:", "SOX ref...", "ESI Invest:", "Emplr Ins Avail:", "Resp Amount:", "Pren Asst:", "ESI Enroll:", and "IP Crowd Out:". At the bottom, there is a section for "Name: SMITH, ADAM" and "SSN: 057-90-1175 Not ver". The screen also shows a prompt "Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---" and a footer with "help retrn quit", "Calc", and "left right main".

Attachment

Attached to this memo is the Insurance Partnership Supplemental Affidavit.

Questions

If you have any questions about this memo please have your MEC designee contact the Policy Hotline.



Commonwealth of Massachusetts
EOHHS
www.mass.gov/masshealth

Insurance Partnership

INSURANCE PARTNERSHIP SUPPLEMENTAL AFFIDAVIT

Insurance Partnership Employee

Name

SSN

Please check off appropriate box and sign.

- ☐ This is the first time I have been offered health insurance by my current employer within the last six months.
- ☐ My current employer offered health insurance within the last six months, but I did not take the coverage.

I certify under the penalty of perjury that the above statement is correct and complete to the best of my knowledge.

Signature Insurance Partnership Employee

Date

Spouse of Insurance Partnership Employee

Name

SSN

Please check off appropriate box and sign.

- ☐ I am not working.
- ☐ My current employer did not offer health insurance within the last six months that would cover my family.
- ☐ My current employer offered health insurance within the last six months that would cover my family, but I did not take the coverage.

I certify under the penalty of perjury that the above statement is correct and complete to the best of my knowledge.

Signature of Spouse of Insurance Partnership Employee

Date

For Office Use Only

EHI

Meets CO (☐ Y or ☐ N)